

**AUDIO-VISUAL LOAN PROGRAM REQUEST FORM**

US Air Force Museum/MUT

1100 Spaatz St

Wright-Patterson AFB OH 45433-7102

Or fax: 937-656-6360

*Use only one form for each request.**This form may be reproduced. Please print or type. Be sure to follow program guidelines.*

Requestor's name:		Assigned Date: <i>[Office Use Only]</i>
E-mail address:		
School or organization where program will be shown:		
Expected number of viewers: <i>(important!)</i>	Daytime phone number: ()	
Mailing address:		
City:	State:	Zip:
<i>Remember: only 1 request per person per 3 week period.</i>		
Requested program number:	Requested program title:	
1st choice:	1st choice:	
2nd choice:	2nd choice:	
Preferred date:		
Alternate dates (list several – allow 3 weeks between preferred and each alternate date):		
1.		
2.		
3.		
<i>[Office Use Only]</i>		
	Date	Initials
Request acknowledged		
Selection sent		
Selection returned		